

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-044406

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10796

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 19 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b
2 Months
4 daysc. FULL NAME OF DECEASED (If NOT in hospital, give location)
St. Louis-Little Rock
Hospitals, Inc.,Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

c. CITY
OR
TOWN

St. Louis,

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS(If outside, give location)
2604 So. Grand Blvd.,Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
MaryMiddle
LouiseLast
Huser4. DATE
OF
DEATHMonth
Nov.Day
8,Year
19625. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)
87 yrs. July 19, 187510. IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
HOSTESS10b. KIND OF BUSINESS OR INDUSTRY
BRICK+TILE CO.11. BIRTHPLACE (City and state or country)
IOWA12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

SAMUEL HESKETT

ADA REED

FRANK HUSER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No17. INFORMANT
Address
52 CHARLES JACKSON 2604 GRAND18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture Left Femur

INTERVAL BETWEEN
ONSET AND DEATH
9-4-62Condition, injury,
which contribute to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertensive Heart Disease

CHRONIC

DUE TO (c)

904.0 - 21

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
Fall at HOME20c. TIME OF
INJURY
Hour Month, Day, Year
a.m. p.m.
9-4-62 - 2604 S. GRAND - ST. LOUIS MO20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
HOME20f. CITY, TOWN, OR LOCATION
COUNTY STATE
ST. LOUIS MO21. I attended the deceased from Sept. 4-62 to Nov. 8, 1962 and last saw her alive on Nov. 8, 1962
Death occurred at 10:10 P.M., on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1755 South Grand Blvd.,

22c. DATE SIGNED

10-9-62

23a. BURIAL, CREMATION,
REMOVAL

23b. DATE

Nov 12, 1962

23c. NAME OF CEMETERY OR CREMATORY

HIGHLAND MEMORIAL GARDENS

23d. LOCATION (City, town, or county)

Des Moines, Iowa

24. FUNERAL DIRECTOR

ADDRESS

Kutis Funeral Home, Inc., 2906 Gravois Ave.,
St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

NOV 10 1962

26. REGISTRAR'S SIGNATURE

Road Smith MO

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

ITEM NO.

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 224861

P. O. Address St. Louis 19 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.